

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

NEA Advocacy Fund

ADDRESS (number and street)

1201 16th Street NW Suite 418

Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489815

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☒ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

11

29

2016

12

31

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Edwards, Michael, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Edwards, Michael, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

01

31

2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
11		29		2016

To:

M M	/	D D	/	Y Y Y Y Y
12		31		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2016</td></tr></table>	Y	Y	Y	Y	Y	2016						<table><tr><td colspan="5">1086504.13</td></tr></table>	1086504.13				
Y	Y	Y	Y	Y													
2016																	
1086504.13																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">676494.58</td></tr></table>	676494.58															
676494.58																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00					<table><tr><td colspan="5">16013457.50</td></tr></table>	16013457.50									
0.00																	
16013457.50																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">676494.58</td></tr></table>	676494.58					<table><tr><td colspan="5">17099961.63</td></tr></table>	17099961.63									
676494.58																	
17099961.63																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">28503.57</td></tr></table>	28503.57					<table><tr><td colspan="5">16451970.62</td></tr></table>	16451970.62									
28503.57																	
16451970.62																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">647991.01</td></tr></table>	647991.01					<table><tr><td colspan="5">647991.01</td></tr></table>	647991.01									
647991.01																	
647991.01																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">48646.00</td></tr></table>	48646.00															
48646.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NEA Advocacy Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
11		29		2016

To:

M M	/	D D	/	Y Y Y Y
12		31		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

16000000.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

16000000.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

13457.50

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

0.00

16013457.50

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

0.00

16013457.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

0.00

16013457.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	184382.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	184382.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6030833.00
24. Independent Expenditures (use Schedule E)	28503.57	3768655.20
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	6468100.01
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28503.57	16451970.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28503.57	16451970.62

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	16013457.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	16013457.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	184382.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	184382.41

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 6 OF 10

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Gail Gonzales

Nature of Debt (Purpose):

Literature

Mailing Address 313 Bordner Dr.

City

Madison

State

WI

Zip Code

53705

Outstanding Balance Beginning This Period

495.93

Transaction ID : D535601

Amount Incurred This Period

0.00

Payment This Period

495.93

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GBI Strategies LLC

Nature of Debt (Purpose):

Canvassing Expenses

Mailing Address 5809 Fifer Dr.

City

Alexandria

State

VA

Zip Code

22303

Outstanding Balance Beginning This Period

48646.00

Transaction ID : D535602

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

48646.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

National Education Association

Nature of Debt (Purpose):

Staff time

Mailing Address 1201 16th St. NW

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

952.50

Transaction ID : D535605

Amount Incurred This Period

0.00

Payment This Period

952.50

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

48646.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 7 OF 10

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

NEA Advocacy Fund

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Ralston Lapp Media

Nature of Debt (Purpose):
Media production

Mailing Address 1054 31st St. NW Ste 430

City
WashingtonState
DCZip Code
20007

Outstanding Balance Beginning This Period

23199.46

Transaction ID : D535606

Amount Incurred This Period

0.00

Payment This Period

23199.46

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKD Knickerbocker

Nature of Debt (Purpose):
Media Production-See Sched E (B631412);
adjusted outstanding balance

Mailing Address 1150 18th St. NW

City
WashingtonState
DCZip Code
20036

Outstanding Balance Beginning This Period

6855.68

Transaction ID : D535608

Amount Incurred This Period

0.00

Payment This Period

6855.68

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

0.00

2) TOTALS This Period (last page this line number only)..... ►

48646.00

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

48646.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 8 OF 10
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489815 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 14 / 2016 </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Gail Gonzales			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 14 / 2016 </div>		
Mailing Address 313 Bordner Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 293.49 </div>		
City Madison	State WI	Zip Code 53705	Transaction ID : B632865 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 02 / 2016 </div>		
Purpose of Expenditure Literature		Category/ Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,		
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8868.43 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Gail Gonzales			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 22 / 2016 </div>		
Mailing Address 313 Bordner Dr.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 202.44 </div>		
City Madison	State WI	Zip Code 53705	Transaction ID : B633521 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 12 / 02 / 2016 </div>		
Purpose of Expenditure Literature		Category/ Type 004	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,		
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8868.43 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 495.93 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 495.93 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 01 / 31 / 2017 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 9 OF 10
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee SKD Knickerbocker LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1150 18th St. NW Ste 800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 21 / 2016		
City Washington	State DC	Zip Code 20036	Amount 3855.68		
Purpose of Expenditure Radio Ad Production		Category/Type 004	Transaction ID : B633738 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 12 / 2016		
Name of Federal Candidate: Ayotte, Kelly, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH		
Calendar Year-To-Date Per Election for Office Sought			1568166.86 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Ralston Lapp Media			<input type="checkbox"/> Memo Item		
Mailing Address 1054 31st St. NW Suite 430			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 11 / 2016		
City Washington	State DC	Zip Code 20007	Amount 12625.00		
Purpose of Expenditure TV Advertising		Category/Type 004	Transaction ID : B632014 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 16 / 2016		
Name of Federal Candidate: Poliquin, Bruce, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: ME		
Calendar Year-To-Date Per Election for Office Sought			309421.25 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			16480.68		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2017	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 10 OF 10
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) NEA Advocacy Fund				FEC IDENTIFICATION NUMBER ▼ C C00489815	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Ralston Lapp Media			<input type="checkbox"/> Memo Item		
Mailing Address 1054 31st St. NW, Ste 430			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2016		
City Washington	State DC	Zip Code 20007	Amount 10574.46		
Purpose of Expenditure TV ad production		Category/ Type 004	Transaction ID : B633519 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 16 / 2016		
Name of Federal Candidate: Young, Todd, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IN		
Calendar Year-To-Date Per Election for Office Sought 833216.83			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee National Education Association			<input type="checkbox"/> Memo Item		
Mailing Address 1201 16th Street NW			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
City Washington	State DC	Zip Code 20036	Amount 952.50		
Purpose of Expenditure Canvass expenses		Category/ Type 004	Transaction ID : B632876 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 12 / 20 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: WI		
Calendar Year-To-Date Per Election for Office Sought 8868.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			11526.96		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures			28503.57		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Edwards, Michael, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 01 / 31 / 2017	